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Bib Data Sheet

SERIAL NUMBER 09/673,412	FILING DATE 11/22/2000 RULE -	CLASS 514	GROUP ART UNIT 1014 1653	ATTORNEY DOCKET NO. 107587
APPLICANTS Moshe Baru, Pardes Hana, ISRAEL; Liliana Bar, Rehovot, ISRAEL; Israel Nur, Moshav, ISRAEL;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IL99/00217 04/23/1999				
** FOREIGN APPLICATIONS ***** ISRAEL 124224 04/27/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/19/2000 -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 1	TOTAL CLAIMS 19
Verified and Acknowledged _____ Examiner's Signature Initials		INDEPENDENT CLAIMS 5		
ADDRESS Oliff & Berridge P O Box 19928 Alexandria ,VA 22320				
TITLE Pharmaceutical composition comprising factor viii and neutral liposomes				
FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 8564

SERIAL NUMBER 09/673,412	FILING DATE 11/22/2000 RULE	CLASS 514	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 107587
APPLICANTS Moshe Baru, Pardes Hana, ISRAEL; Liliana Bar, Rehovot, ISRAEL; Israel Nur, Moshav, ISRAEL;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IL99/00217 04/23/1999				
** FOREIGN APPLICATIONS ***** ISRAEL 124224 04/27/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/19/2000 <i>Small Entity</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 1	TOTAL CLAIMS 19
Verified and Acknowledged <i>KS</i> Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 5		
ADDRESS 25944				
TITLE Pharmaceutical composition comprising factor viii and neutral liposomes				
FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	